Notice of Exempt
Offering of Securities

SEC 1972 (09/08)

U.S. Securities and Exchange Commission

Washington, DC 20549

(See instructions beginning on page 5)

59536' OMB APPROVAL

OMB Number: 3235-0076

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Form D 1

intentional misstatements of term 1. Issuer's Identity	r omissions of fact constitute federal criminal v	iolations. See 18 U.S.C. 1001.
Name of Issuer	Previous Name(s) X None	Entity Type (Select one)
NanoStatics Corporation	Trevious name(s)	Corporation
Jurisdiction of Incorporation/Organization		Limited Partnership
		Limited Liability Company
		General Partnership
Year of Incorporation/Organization		Business Trust
(Select one) Over Five Years Ago Within Last Five Years	S 2005 Yet to Be Formed	Other (Specify) CESS
(specify year)	2005 Yet to Be Formed	DEC 6.6 and
f more than one issuer is filing this notice, check	this box 🔲 and identify additional issuer(s) by	attaching Items 1 and 2 Continuation Page(\$).)
em 2. Principal Place of Business and	d Contact Information	THOMSON REU
Street Address 1	Street Address 2	
18646 US Route 23		
City St	ate/Province/Country ZIP/Postal Code	Phone No.
Circleville	hio 43113	(614) 565-1868
em 3. Related Persons		
Last Name	First Name	Middle Name
Burge	David	
Street Address 1	Street Address 2	
18646 US Route 23		SEC IMAIN Processing
City Sta	te/Province/Country ZIP/Postal Code	Section
Circleville	nio 43113	UEC 172000
		· • · · ·
	Director Promoter	Washington, DC
Clarification of Response (if Necessary)		313
(Identify a em 4. Industry Group (Select one Agriculture		and attaching Item 3 Continuation Page(s).
Banking and Financial Services	Energy	REITS & Finance
Commercial Banking	Electric Utilities	Residential
Insurance	Energy Conservation Coal Mining	Other Real Estate
Investing Investment Banking	Coal Mining Environmental Services	○ Retailing
Pooled Investment Fund	Oil & Gas	Restaurants
If selecting this industry group, also select o	Š	Technology Computers
type below and answer the question below:	Health Care	Computers Telecommunications
Hedge Fund	Blotechnology	Other Technology
Private Equity Fund Venture Capital Fund	Health Insurance	Travel
Other Investment Fund	Hospitals & Physcians Pharmaceuticals	Airlines & Airports
Is the issuer registered as an investme	nt Other Health Care	Lodging & Conventions
company under the Investment Comp Act of 1940? Yes No	Manufacturing	Tourism & Travel Services
Other Banking & Financial Services	Real Estate	Other Travel
-	Commercial	Other

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Item 5. Issuer Size (Select one)	
Revenue Range (for issuer not specifying "hedge" or "other investment" fund in Item 4 above)	Aggregate Net Asset Value Range (for issuer specifying "hedge" or "other investment" fund in Item 4 above)
O No Revenues	OR No Aggregate Net Asset Value
\$1 - \$1,000,000	\$1 - \$5,000,000
\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000
S5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000
\$25,000,001 - \$100,000,000	\$50,000,001 - \$100,000,000
Over \$100,000,000	Over \$100,000,000
 Decline to Disclose 	Oecline to Disclose
O Not Applicable	O Not Applicable
Item 6. Federal Exemptions and Exclusions Clai	med (Select all that apply)
	vestment Company Act Section 3(c)
Rule 504(b)(1) (not (i), (ii) or (iii))	Section 3(c)(1) Section 3(c)(9)
Rule 504(b)(1)(i)	Section 3(c)(2) Section 3(c)(10)
Rule 504(b)(1)(ii)	Section 3(c)(3) Section 3(c)(11)
Rule 504(b)(1)(iii)	Section 3(c)(4)
Rule 505	Section 3(c)(5) Section 3(c)(13)
Rule 506	Section 3(c)(6) Section 3(c)(14)
Securities Act Section 4(6)	Section 3(c)(7)
Item 7. Type of Filing	
New Notice OR Amendment	t
Date of First Sale in this Offering:	OR First Sale Yet to Occur
Item 8. Duration of Offering	
Does the issuer intend this offering to last more than	one year? X Yes No
Item 9. Type(s) of Securities Offered (Select a	all that apply)
⋉ Equity	Pooled Investment Fund Interests
☐ Debt	☐ Tenant-in-Common Securities
	Mineral Property Securities
Option, Warrant or Other Right to Acquire Another Security	Other (Describe)
Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security	
Item 10. Business Combination Transaction	
Is this offering being made in connection with a busine	1 3 1 100 1 110
transaction, such as a merger, acquisition or exchange offer Clarification of Response (if Necessary)	7
Contraction of nesponse in Necessary)	

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item 11. willimum mvesuner	IL		**	
Minimum investment accepted from	m any outside investor	\$ 300.00		
Item 12. Sales Compensation	n			
Recipient		Recipient CRD Number		
N/A			······································	No CRD Number
(Associated) Broker or Dealer	None	(Associated) Broker or De	aler CRD Nu	ımber
				☐ No CRD Number
Street Address 1		Street Address 2		
		J L		
City	State/Provi	ince/Country ZIP/Postal Co	de	
A 18 CA				
States of Solicitation All Stat AL AK AZ A	res AR □ CA □ CO	CT DE DC	. □ FL	GA HI ID
	S DKY DLA	ME MD MA	MI	MN MS MO
MT NE NO D	(H N D NN D NW		П он	OK OR PA
	דט 🔲 אד 🔲 עד	□ VT □ VA □ WA	_ w	☐ WI ☐ WY ☐ PR
Item 13. Offering and Sales		isation by checking this box	and attach	ning Item 12 Continuation Page(s
nom 10. One ing and cales	Z.IIIOGIIG			
(a) Total Offering Amount	\$ 1,000,000		OR	Indefinite
(b) Total Amount Sold	\$ 0			
(c) Total Remaining to be Sold (Subtract (a) from (b))	\$ 1,000,000		OR	☐ Indefinite
Clarification of Response (if Necessar	у)			
Item 14. Investors				
Check this box if securities in the number of such non-accredited inve	e offering have been or may estors who already have inve	be sold to persons who do not ested in the offering:	qualify as ac	credited investors, and enter the
Enter the total number of investors	who already have invested i	in the offering:		
Item 15. Sales Commissions	and Finders' Fees I	Expenses		
Provide separately the amounts of s check the box next to the amount.	ales commissions and finder	rs' fees expenses, if any. If an a	nount is no	ot known, provide an estimate ar
		Sales Commissions \$ N/A		Estimate
Clarification of Response (if Necessary))	Finders' Fees \$ N/A		Estimate
<u>.</u>				

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Item 16. Use of Proceeds	
Provide the amount of the gross proceeds of the offering that has been dused for payments to any of the persons required to be named as directors or promoters in response to Item 3 above. If the amount is unestimate and check the box next to the amount.	executive officers,
Clarification of Response (if Necessary)	
Signature and Submission	
Please verify the information you have entered and review the	e Terms of Submission below before signing and submitting this notice.
Terms of Submission. In Submitting this notice, each	identified issuer is:
the State in which the issuer maintains its principal place of process, and agreeing that these persons may accept service such service may be made by registered or certified mail, in against the issuer in any place subject to the jurisdiction of t activity in connection with the offering of securities that is the provisions of: (i) the Securities Act of 1933, the Securities Exc Company Act of 1940, or the Investment Advisers Act of 194 State in which the issuer maintains its principal place of business.	e SEC and the Securities Administrator or other legally designated officer of business and any State in which this notice is filed, as its agents for service of e on its behalf, of any notice, process or pleading, and further agreeing that any Federal or state action, administrative proceeding, or arbitration brought the United States, if the action, proceeding or arbitration (a) arises out of any the subject of this notice, and (b) is founded, directly or indirectly, upon the change Act of 1934, the Trust Indenture Act of 1939, the Investment 10, or any rule or regulation under any of these statutes; or (ii) the laws of the iness or any State in which this notice is filed.
110 Stat. 3416 (Oct. 11, 1996)] imposes on the ability of States to re- "covered securities" for purposes of NSMIA, whether in all instances routinely require offering materials under this undertaking or other so under NSMIA's preservation of their anti-fraud authority. Each identified issuer has read this notice, knows the content	National Securities Markets improvement Act of 1996 ("NSMIA") [Pub. L. No. 104-290, quire information. As a result, if the securities that are the subject of this Form D are sor due to the nature of the offering that is the subject of this Form D, States cannot rwise and can require offering materials only to the extent NSMIA permits them to do atts to be true, and has duly caused this notice to be signed on its behalf by the and attach Signature Continuation Pages for signatures of issuers identified
Issuer(s)	Name of Signer
NanoStatics Corporation	David L. Burge
Signature	Title
ywanje.	President Date
Number of continuation pages attached:	1215/08

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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Item 3 Continuation Page

Last Name	First Name		Middle Name
Robertson	John		
treet Address 1		Street Address 2	
18646 US Route 23			
lty	State/Province/Country	ZIP/Postal Code	
Circleville	Ohio	43113	
Relationship(s): X Executive Office	r Director Promoter		
Clarification of Response (if Necessary)			
Last Name	First Name		Middle Name
Scott	Ashley		
Street Address 1		Street Address 2	
18646 US Route 23			
Lity	State/Province/Country	ZIP/Postal Code	
Circleville	Ohio	43113	
	er 🔯 Director 🦳 Promoter		
Clarification of Response (if Necessary)			Middle Name
Clarification of Response (if Necessary)			Middle Name
Clarification of Response (if Necessary) Last Name		Street Address 2	Middle Name
Clarification of Response (if Necessary) Last Name		Street Address 2	Middle Name
Clarification of Response (if Necessary) Last Name Street Address 1		Street Address 2 ZIP/Postal Code	Middle Name
Clarification of Response (if Necessary) Last Name Street Address 1	First Name		Middle Name
Clarification of Response (if Necessary) Last Name Street Address 1	First Name State/Province/Country		Middle Name
Clarification of Response (if Necessary) Last Name Street Address 1 City Relationship(s): Executive Office	First Name State/Province/Country Director Promoter		Middle Name
Clarification of Response (if Necessary) Last Name Street Address 1 City Relationship(s): Executive Office	First Name State/Province/Country Director Promoter		Middle Name
Clarification of Response (if Necessary) Last Name Street Address 1 City Relationship(s): Executive Office	First Name State/Province/Country Director Promoter		Middle Name
Clarification of Response (if Necessary) Last Name Street Address 1 City Relationship(s): Executive Office Clarification of Response (if Necessary)	First Name State/Province/Country Director Promoter		Middle Name
Clarification of Response (if Necessary) Last Name Street Address 1 City Relationship(s): Executive Office Clarification of Response (if Necessary)	First Name State/Province/Country er Director Promoter		
Clarification of Response (if Necessary) Last Name City Relationship(s): Executive Office Clarification of Response (if Necessary) Last Name	First Name State/Province/Country er Director Promoter		
Clarification of Response (if Necessary) Last Name Street Address 1 City Relationship(s): Executive Office Clarification of Response (if Necessary) Last Name	First Name State/Province/Country er Director Promoter	ZIP/Postal Code	Middle Name
Clarification of Response (if Necessary) Last Name Street Address 1 City	First Name State/Province/Country er Director Promoter	ZIP/Postal Code	Middle Name
Clarification of Response (if Necessary) Last Name Street Address 1 City Relationship(s): Executive Office Clarification of Response (if Necessary) Last Name Street Address 1	First Name State/Province/Country er Director Promoter First Name	ZIP/Postal Code Street Address 2	Middle Name
Clarification of Response (if Necessary) Last Name City Relationship(s): Executive Office Clarification of Response (if Necessary) Last Name Street Address 1	First Name State/Province/Country Promoter First Name State/Province/Country	Street Address 2 ZIP/Postal Code	Middle Name